UNITED STATES DISTRICT COURT SOUTHERN DISTRICT OF NEW YORK

ISAIAH J. HALL,

Plaintiff.

-against-

CORENZO, CEO OFFICER ON RIKERS ISLAND, ET AL.

Defendants.

22-CV-7436 (LTS)

ORDER DIRECTING PAYMENT OF FEES OR IFP APPLICATION

LAURA TAYLOR SWAIN, Chief United States District Judge:

Plaintiff, who is currently incarcerated at Eric M. Taylor Center, brings this action *pro se*. Within thirty days of the date of this order, Plaintiff must either pay the \$402.00 in fees that are required to file a civil action in this court or submit a completed request to proceed *in forma* pauperis (IFP), that is, without prepayment of fees.

To proceed with a civil action in this Court, a prisoner must either pay \$402.00 in fees – a \$350.00 filing fee plus a \$52.00 administrative fee – or, to request authorization to proceed without prepayment of fees, submit a signed IFP application and a prisoner authorization. *See* 28 U.S.C. §§ 1914, 1915. If the Court grants a prisoner's IFP application, the Prison Litigation Reform Act requires the Court to collect the \$350.00 filing fee in installments deducted from the prisoner's account. *See* 28 U.S.C. § 1915(b)(1). A prisoner seeking to proceed in this Court without prepayment of fees must therefore authorize the Court to withdraw these payments from his account by filing a "prisoner authorization," which directs the facility where the prisoner is incarcerated to deduct the \$350.00 filing fee from the prisoner's account in installments and to

¹ The \$52.00 administrative fee for filing a civil action does not apply to persons granted IFP status under 28 U.S.C. § 1915.

send to the Court certified copies of the prisoner's account statements for the past six months. See 28 U.S.C. § 1915(a)(2), (b).

Plaintiff submitted the complaint with a prisoner authorization but without a completed

IFP application. Within thirty days of the date of this order, Plaintiff must either pay the \$402.00

in fees or submit the attached IFP application. If Plaintiff submits the IFP application, it should

be labeled with docket number 22-CV-7436 (LTS).²

No summons shall issue at this time. If Plaintiff complies with this order, the case shall be

processed in accordance with the procedures of the Clerk's Office. If Plaintiff fails to comply

with this order within the time allowed, the action will be dismissed.

The Court certifies under 28 U.S.C. § 1915(a)(3) that any appeal from this order would

not be taken in good faith, and therefore IFP status is denied for the purpose of an appeal. Cf.

Coppedge v. United States, 369 U.S. 438, 444–45 (1962) (holding that appellant demonstrates

good faith when seeking review of a nonfrivolous issue).

SO ORDERED.

Dated:

September 14, 2022

New York, New York

/s/ Laura Taylor Swain
LAURA TAYLOR SWAIN

Chief United States District Judge

2

² Plaintiff is cautioned that if a prisoner files a federal civil action or appeal that is dismissed on the grounds that it is frivolous, malicious, or fails to state a claim upon which relief may be granted, the dismissal is a "strike" under 28 U.S.C. § 1915(g). A prisoner who receives three "strikes" cannot file federal civil actions IFP as a prisoner, unless he is under imminent danger of serious physical injury, and he must pay the filing fees at the time of filing any new action.

UNITED STATES DISTRICT COURT SOUTHERN DISTRICT OF NEW YORK

(full name of the plaintiff or petitioner applying (each person must submit a separate application))										
	-against-	(Provide docket number, if available; if filing this with your complaint, you will not yet have a docket number.)								
(fu	II name(s) of the defendant(s)/respondent(s))									
(APPLICATION TO PROCEED WITHO	OUT PREPAY	ING FEE!	S OR CO	STS	S				
an	m a plaintiff/petitioner in this case and declare that I d I believe that I am entitled to the relief requested in occeed in forma pauperis (IFP) (without prepaying fees ce:	this action. In su	pport of thi	is applicati	on to)				
1.	Are you incarcerated?	☐ No (If "No," go	to Questio	n 2.)					
	Do you receive any payment from this institution?	Yes] No							
	Monthly amount:		-							
	If I am a prisoner, see 28 U.S.C. § 1915(h), I have attached irecting the facility where I am incarcerated to dedund to send to the Court certified copies of my account. S.C. § 1915(a)(2), (b). I understand that this means	uct the filing fee ant statements fo	from my ac or the past s	ccount in ir ix months.	nstall See 2	lment 28				
2.	Are you presently employed?	☐ No								
	If "yes," my employer's name and address are:									
	Gross monthly pay or wages:									
	If "no," what was your last date of employment?									
	Gross monthly wages at the time:									
3.	In addition to your income stated above (which you living at the same residence as you received more th following sources? Check all that apply.						se			
	(a) Business, profession, or other self-employment(b) Rent payments, interest, or dividends		Yes Yes		No No					

SDNY Rev: 8/5/2015

	(c) Pension, annuity, or life insurance payments			Yes			No		
	(d) Disability or worker's compensation payme	ents	Ц	Yes			No		
	(e) Gifts or inheritances			Yes		Ш	No		
	(f) Any other public benefits (unemployment, s food stamps, veteran's, etc.)	social security,		Yes			No		
	(g) Any other sources			Yes			No		
	If you answered "Yes" to any question above, do money and state the amount that you received a					of			
	If you answered "No" to all of the questions abo	ove, explain how	you a	are pa	ying your	· expe	enses:		
4.	How much money do you have in cash or in a c	checking, savings,	, or ir	nmate	account?				
5.	Do you own any automobile, real estate, stock, bond, security, trust, jewelry, art work, or other financial instrument or thing of value, including any item of value held in someone else's name? If so, describe the property and its approximate value:								
6.	Do you have any housing, transportation, utilities, or loan payments, or other regular monthly expenses? If so, describe and provide the amount of the monthly expense:								
7.	List all people who are dependent on you for support, your relationship with each person, and how much you contribute to their support (only provide initials for minors under 18):								
8.	Do you have any debts or financial obligations rand to whom they are payable:	not described abo	ve? I	f so, d	escribe th	e am	ounts	owed	
<i>Declaration:</i> I declare under penalty of perjury that the above information is true. I understand that a false statement may result in a dismissal of my claims.									
Da	ted	Signature							
Na	me (Last, First, MI)	Prison Identificat	ion # (if incar	cerated)				
Λ -1	droce City		+2+2		7in Cada				
Ad	dress City	5	tate		Zip Code				
Telephone Number		E-mail Address (if	availa	able)					